U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 3967	2 Fiscal Year (overed From
,	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Michael J Monia	Name Quarry Workers Local 829 - L I U N A
	Labor Organization File Number 0/2-9/2
PO Box Bldg Room No :f any	P O Box Building and Room Number if any
Street 4 Marian Street	Street 380 Market Street
City Ste Genevieve	City Ste Genevieve
State Missouri ZIP Code + 4 63670	State Missourı ZIP Code + 4 63670
די ביין במפילי ביים און	
3.3 r ps	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name Mississippi Lime Company	Pay for monthly Labor Relations Meeting per Collecti/e Bargaining Agreement
Trade Name If any	
PO Box Bldg Room No if any	
	7 b Amount.
Street 16147 Highway 61	ن به پښتر د
City Ste Genevieve	310
State Missouri ZIP Code + 4 63670	1 A 20 H 437 T
Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct, and complete (See the section on penalties in the instructions)	
On 10 1 h - 0-1	(1)
Signed Mufan & Morrie fr	On <u>4-13-06</u> (573) 883-3051 Date Telephone Number
	- Independ remove

Name of Person Filing Michael Monia	File Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name	
Trade Name If any	a Labor Organization b Trust
P O Box Bldg Room No if any	c Employer
Street	С строует
Crty	
State ZIP Code + 4	<u> </u>
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Nothing to report
Trade Name if any	
PO Box Bldg Room No If any	
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZIP Code + 4	Nothing to report
	12 b Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name	Nothing to report
Trade Name if any	
P O Box Bidg Room No If any	
Street	
City	
State ZiP Code + 4	
	14 b Amount of payment.
13 b is the Business an Employer or Consultant?	